



DJJ's Evolving Continuum of Services

REGIONAL SERVICE COORDINATION MODEL

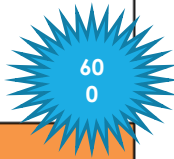


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Regional Service Coordination 3rd Party Management Model



Work Plan Timeline	Jan-Mar 2017	Apr - Jun 2017	July – Sep 2017	Oct - Dec 2017	Jan-Mar 2018	Apr - Jun 2018	Jul – Sep 2018	Oct - Dec 2018
Centralized Referral System								
Centralized Billing								
Contracting for Basic Services								
Centralized Reporting								
Build Additional Capacity in Existing Treatment Categories								
Add Residential Programming (JCC Alternatives & Step-Downs)								
Add Employment Services								
Introduce EBP Models (especially for high risk cases)								
Assess Quality of Service Providers								
Build Additional Programming Based on Needs								



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Regional Service Coordination 3rd Party Management Model

AMIkids Virginia contracts with Direct Service Providers for DJJ as part of an ongoing effort to “Reduce, Reform, and Replace.” As Regional Service Coordinators, we want to ensure appropriate service matching for youth, quality programs with evidenced based practices, and assist with filling service gaps. We are excited about the future with tracking outcomes for court involved youth and performance measures for our contracted providers.

We believe that there is potential born in every child. By working together, we can change lives and strengthen communities.

OUR IMPACT

135,000

kids and their families
served since

1969

5,000 children
served last year



44 programs

77%

reduction in recidivism

Who is AMIkids?

AMIkids is a family of 44
affiliates serving at-risk youth

EBA strengthens families and support communities through the high-quality implementation of evidence-based programs. With backgrounds in social services, juvenile justice, evidence-based programs, information technology and human resources, EBA's multi-disciplinary team brings years of experience in overseeing clinical services, public policy and program management.

Washington, DC

- 8 EBPs
 - 1 MST/ 3 FFT
- 25+ providers
- Served 2500 + youth & families

Florida

- 4 EBPs
- 12 providers
- 10,000+ youth
- achieved a 75% success rate
- Recidivism ↓ 8%
- Saved > \$200 mil

Georgia

- 8 MST/FFT Teams
- 2,500 + youth
- Reduced recidivism in FY 17 by 31% compared to counties that selected EBPs but chose not to partner with EBA.

New Services

EVIDENCE BASED TEAMS LAUNCHING SOON!

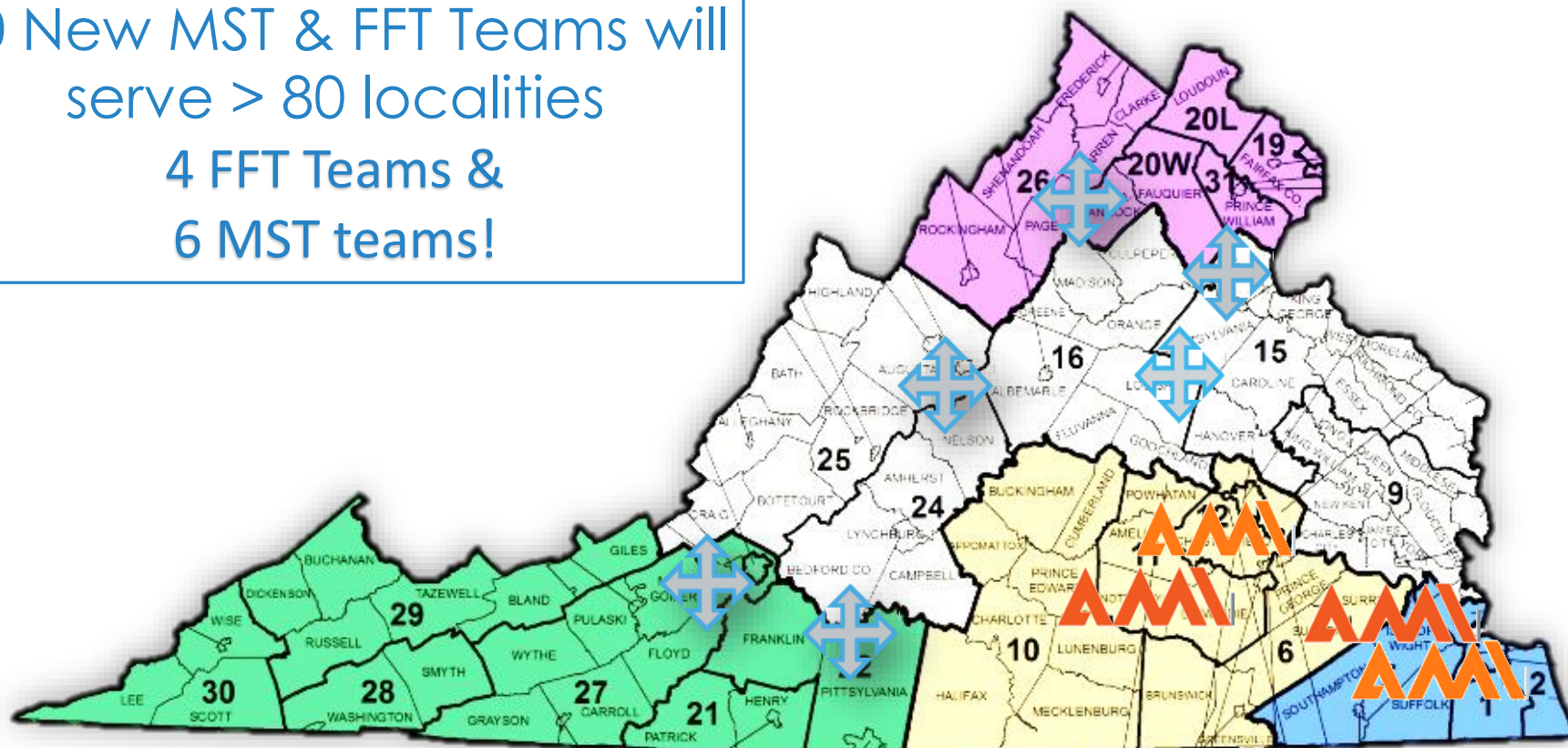
Functional Family Therapy is currently being implemented in 45 states and 10 countries around the world. *None in VA currently.*

Multi-Systemic Therapy is in 34 states, 500+ teams, 16 countries, treating more than 23,000 youth a year. *2(½) teams in VA.*

Coming Soon!

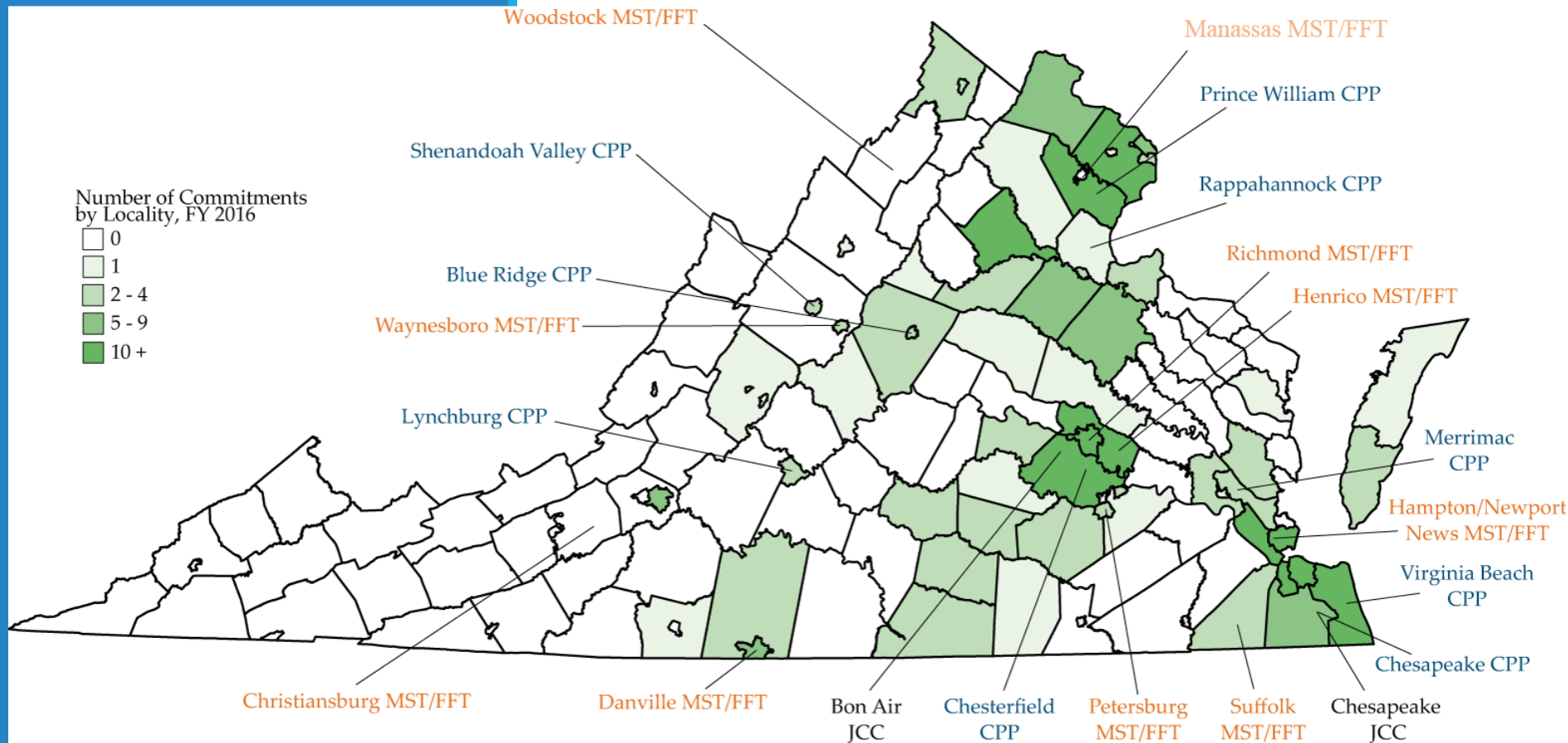
10 New MST & FFT Teams will
serve > 80 localities

4 FFT Teams & 6 MST teams!



EVIDENCE-BASED MODELS OF FAMILY INTERVENTION

Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT)
10 New & Existing MST & FFT Teams will serve approx. 89 localities
2 Existing MST Teams in Henrico and Richmond



Evidence-Based | Quality Outcomes | Time-limited

Can only function as a team | 1 assigned therapist

Works for youth with a history of failure/non-compliance with other services

Highly structured clinical supervision and quality assurance processes

Multi-Systemic Therapy

Addresses behaviors driven primarily by peer, school, or community factors.

Focus is on “Empowering” caregivers

Therapist can meet with the youth and caregiver separately

LOS 3-4 months

Typically 3 times a week

Family Functional Therapy

Driven by family issues.

Focuses on the relational aspects within the family system.

Therapist only meets with the youth and caregiver together.

LOS 3-6 months

Average once a week



Standard FFT Referral Criteria

Inclusionary Criteria:

- ☐ Youth is 11 years old up to 19
- ☐ Youth adjudicated for delinquent offenses
- ☐ In community or ready to return into the community
- ☐ Available family member or caregiver whom has established history, some level of co-habitation and shared sense of future
- ☐ Reports of externalizing behaviors, internalizing symptoms, and/or substance abuse.

Exclusionary Criteria:

- ☐ Youth is 10 years old or younger
- ☐ Youth has *no* psycho-social system that constitutes family (i.e. IL)
- ☐ Youth is scheduled to be sent away from family (i.e. detained, placement, in foster care)
- ☐ Youth *primarily* needs sexual offender treatment
- ☐ Youth presents with severe psychiatric illness: actively suicidal, homicidal, or psychotic.
- ☐ Youth has low cognitive functioning

Standard MST Referral Criteria

INCLUSIONARY CRITERIA

- ☐ Youth is age 12-17.
- ☐ Youth at risk for placement due to anti-social or delinquent behaviors, including substance abuse (i.e. committed long term detention)
- ☐ Youth involved with the juvenile justice system.
- ☐ Youth who have committed sexual offenses in conjunction with other anti-social behavior.

EXCLUSIONARY CRITERIA

- ☐ Youth living independently or in a temporary living environment
- ☐ Sexual offending, in the absence of other anti-social behavior
- ☐ Youth with moderate to severe autism (difficulties with social communication, social interaction, and repetitive behaviors)
- ☐ Actively homicidal, suicidal or psychotic;
- ☐ Youth whose psychiatric problems are primary reason leading to referral, or have severe and serious psychiatric problems .

Where to find available services?



[About AMM Kids](#) [Programs & Services](#) [Alumni](#) [Get Involved](#) [News & Events](#) [Potential](#)

[STORY](#) [LEADERSHIP](#) [NEWS](#) [VENDOR DIRECTORY](#) [FOR PROVIDERS](#) [CONTACT](#) [DOCUMENTS](#)

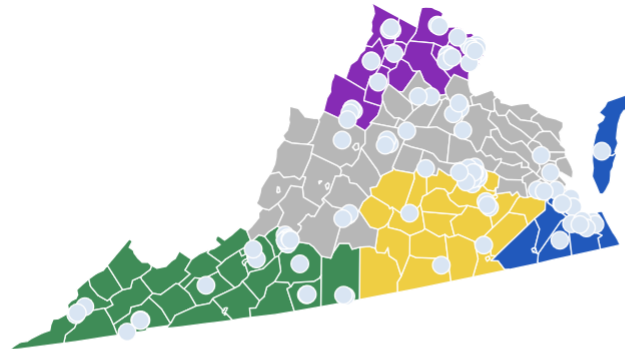
Contracted Service Providers

More providers will be added as our database is completed. Thank you for your patience.

Provider	Regions	Service Types	Court Service Units	Address
Agape Counseling	Eastern	Psychological Evaluations Individual Therapy Substance Abuse Counseling Substance Abuse Relapse Substance Abuse Group Life Skills	1,2,2a,3,4,5,7,8	
Agape Counseling	Southern	Psychological Evaluations Individual Therapy Substance Abuse Counseling Substance Abuse Relapse Substance Abuse Group Life Skills	6,12,13,14	
Alpha Counselors Services	Eastern	Psychological Evaluations Psycho-Social Evaluations Individual Therapy Substance Abuse Counseling Substance Abuse Relapse Intensive In-Home Family Services Face to Face Surveillance	1, 2, 2A, 3, 4, 5, 7, 8	
Alpha Counselors Services	Southern	Psychological Evaluations Psycho-Social Evaluations Individual Therapy Substance Abuse Counseling	6	



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last updated: 7-31-2017

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Sample Services in the Continuum.

Medicaid Services

Intensive In- Home

Mental Health Skill
Building

Substance Abuse
Services [ARTS]

MH (or SA) Case
Management

TDT (School)

Non-Medicaid Services

Casey Life Skills

High Fidelity Wrap
ICC

Monitoring
GPS/ EM

Vocational/
Employment Services

Evidence- Based Services

Multi-systemic
Therapy

Functional
Family Therapy

TF-CBT

Service Matching

ESTABLISHING THE FRAMEWORK

RIGHT YOUTH- RIGHT SERVICE- RIGHT DOSAGE

Building Blocks

INTEGRATED PROGRAMMING/ “SYSTEMS”
SCREENING AND ASSESSMENT
INDIVIDUALIZED CARE PLANNING
ENGAGEMENT OF FAMILIES
CULTURALLY COMPETENT SERVICE



COMMONWEALTH OF VIRGINIA
Commission on Youth

SAFETY.

FAMILY & YOUTH-DRIVEN PRACTICE.

CHILDREN DO BEST WHEN RAISED IN FAMILIES.

YOUTH NEED AND DESERVE A PERMANENT FAMILY.

PARTNERSHIPS .

HOW WE DO OUR WORK IS AS IMPORTANT



Virginia Children's Services Practice Model



What Works

Multisystemic Therapy (MST)

Integrative, family-based treatment with a focus on improving psychosocial functioning for youth and families.

Functional Family Therapy (FFT)

Family-based program that focuses on delinquency, treating maladaptive and acting out behaviors, and identifying obtainable changes.

Multidimensional Treatment Foster Care (MTFC)

As an alternative to corrections, MTFC places juvenile offenders who require residential treatment with carefully trained foster families who provide youth with close supervision, fair and consistent limits, consequences and a supportive relationship with an adult.

Cognitive Behavioral Therapy (CBT)

Structured, therapeutic approach that involves teaching youth about the thought-behavior link and working with them to modify their thinking patterns in a way that will lead to more adaptive behavior in challenging situations.

Dialectical Behavior Therapy (DBT)

Therapeutic approach that includes individual and group therapy components and specifically aims to increase self-esteem and decrease self-injurious behaviors and behaviors that interfere with therapy.

What Seems to Work

Family Centered Treatment (FCT)

FCT seeks to address the causes of parental system breakdown while integrating behavioral change. FCT provides intensive in home services and is structured into four phases: joining and assessment; restructuring; value change; and generalization.

Brief Strategic Family Therapy

A short-term, family-focused therapy that focuses on changing family interactions and contextual factors that lead to behavior problems in youth.

Aggression Replacement Therapy (ART)

A short-term, educational program that focuses on anger management and provides youth with the skills to demonstrate non-aggressive behaviors, decrease antisocial behaviors, and utilize prosocial behaviors

Summary of Treatments for Substance Use Disorder

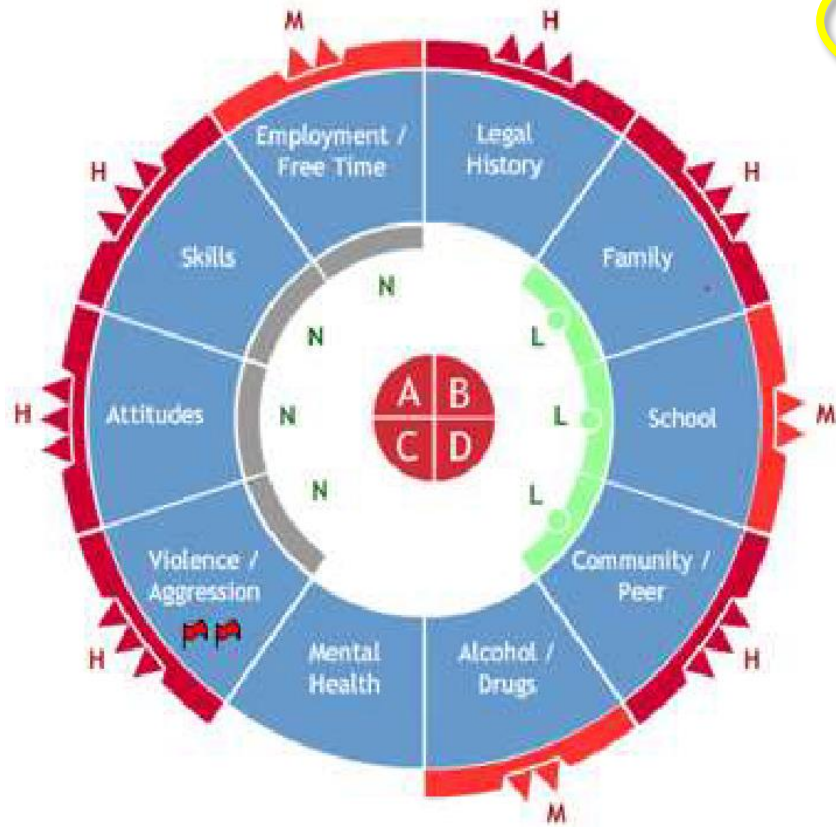


What Works	Description
Cognitive Behavioral Therapy (CBT)	A structured therapeutic approach that involves teaching youth about the thought-behavior link and working with them to modify their thinking patterns in a way that will lead to more adaptive behavior in challenging situations.
Family Therapy	A family-based therapy aimed at providing education, improving communication, and functioning among family members, and reestablishing parental influence through parent management training.
Multisystemic Therapy (MST)	An integrative, family-based treatment with a focus on improving psychosocial functioning for youth and families.
What Seems to Work	Description

What Does Not Work	Description
Behavioral Therapies	Interpersonal and psychodynamic therapies are methods of individual counseling that are often incorporated into the treatment plan and focus on unconscious psychological conflicts, distortions, and faulty learning.
Motivational Interviewing	
Some Medications	
Client-centered Therapies	A type of therapy focused on creating a non-judgmental environment, such that the therapist provides empathy and unconditional positive regard. This facilitates change and solution making on behalf of the youth.
Psychoeducation	Programs aimed at educating youth on substance use and may cover topics like peer pressure and consequences of substance use.
Project CARE	A program aimed at raising awareness about chemical dependency among youth through education and training.
Twelve-step Programs	A twelve-step program that uses the steps of Alcoholics Anonymous as principles for recovery and treating addictive behaviors.
Process Groups	A type of psychotherapy that is conducted in a small group setting. Groups can be specialized for specific purposes and therapy utilizes the group as a



YASI



What is the pattern of behavior that needs to change?:

A

What are the internal / external triggers ?

B

What is the intent and motivation behind the behavior?:

C

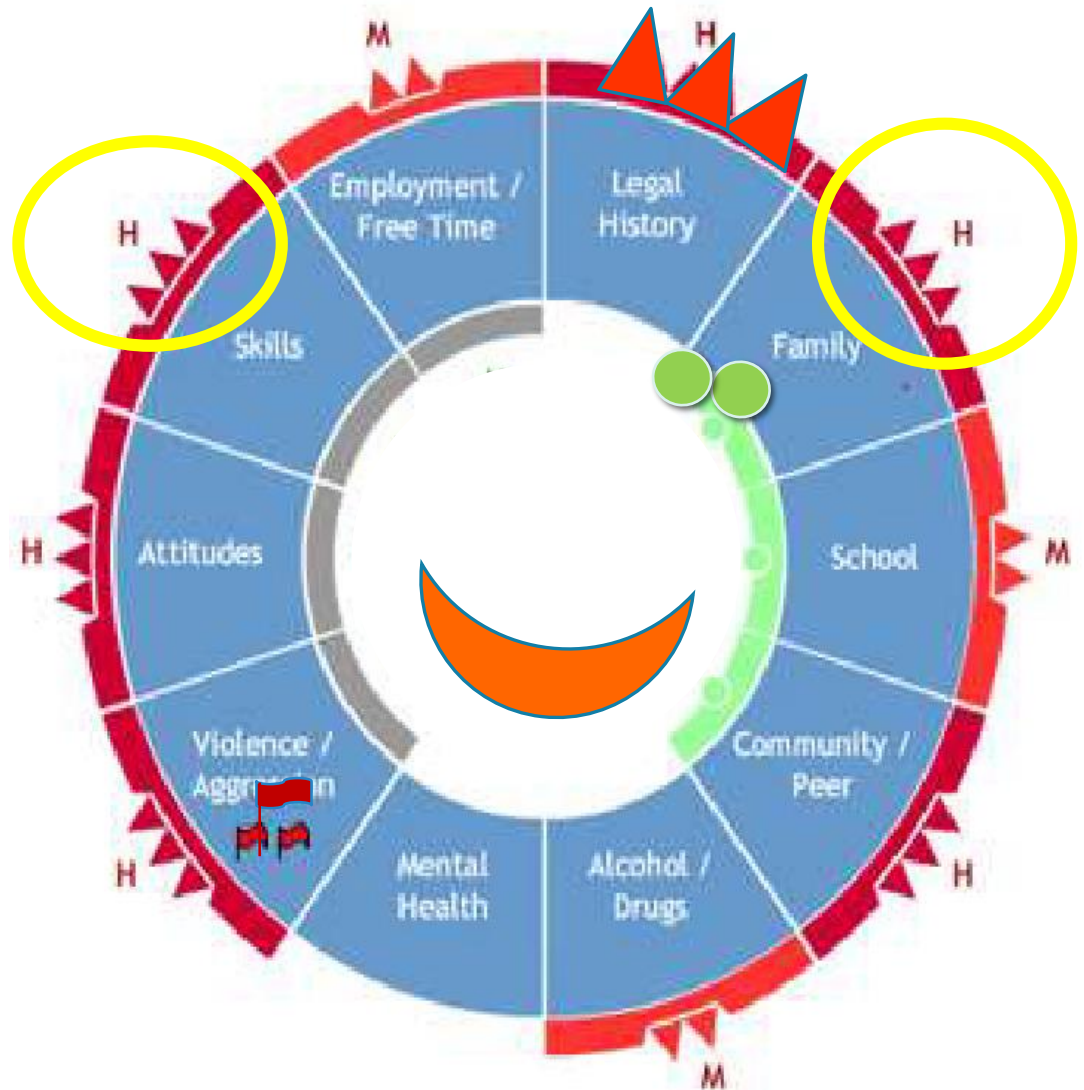
What incentives does the client have to change?

D

Service Matching

High Risk

Protective Factors





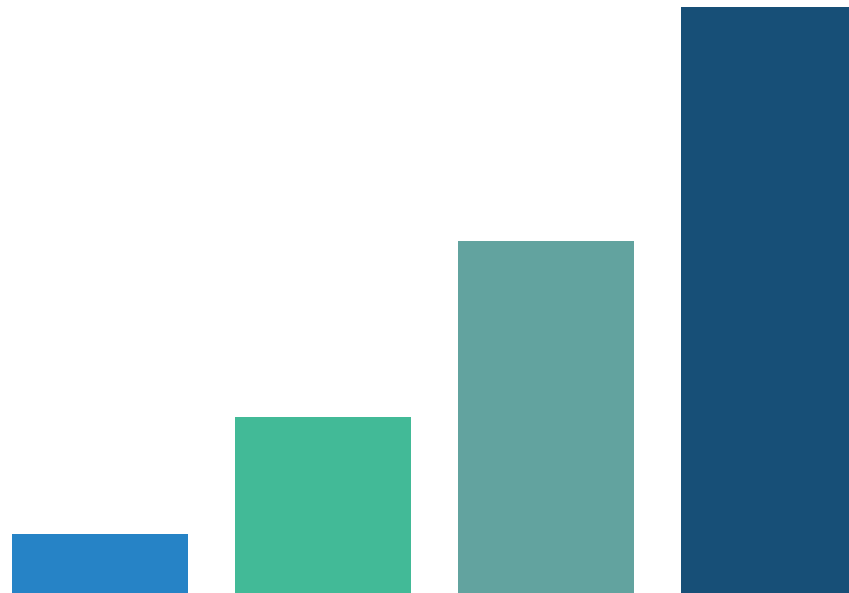
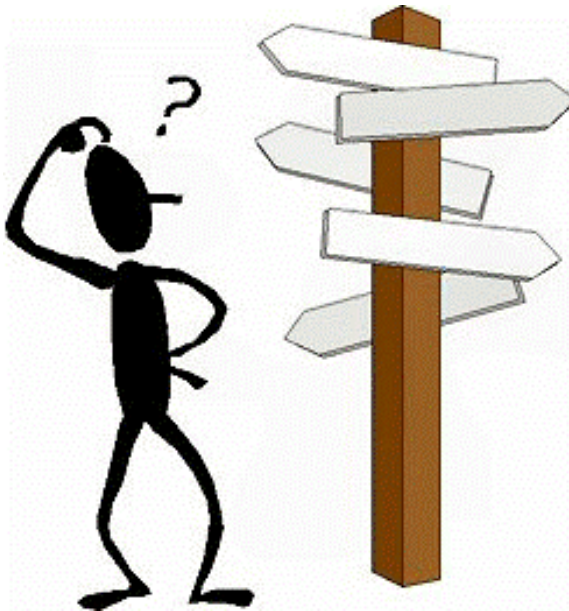
RISK PRINCIPLE: WHO TO TARGET?

NEED PRINCIPLE: WHAT TO TARGET?

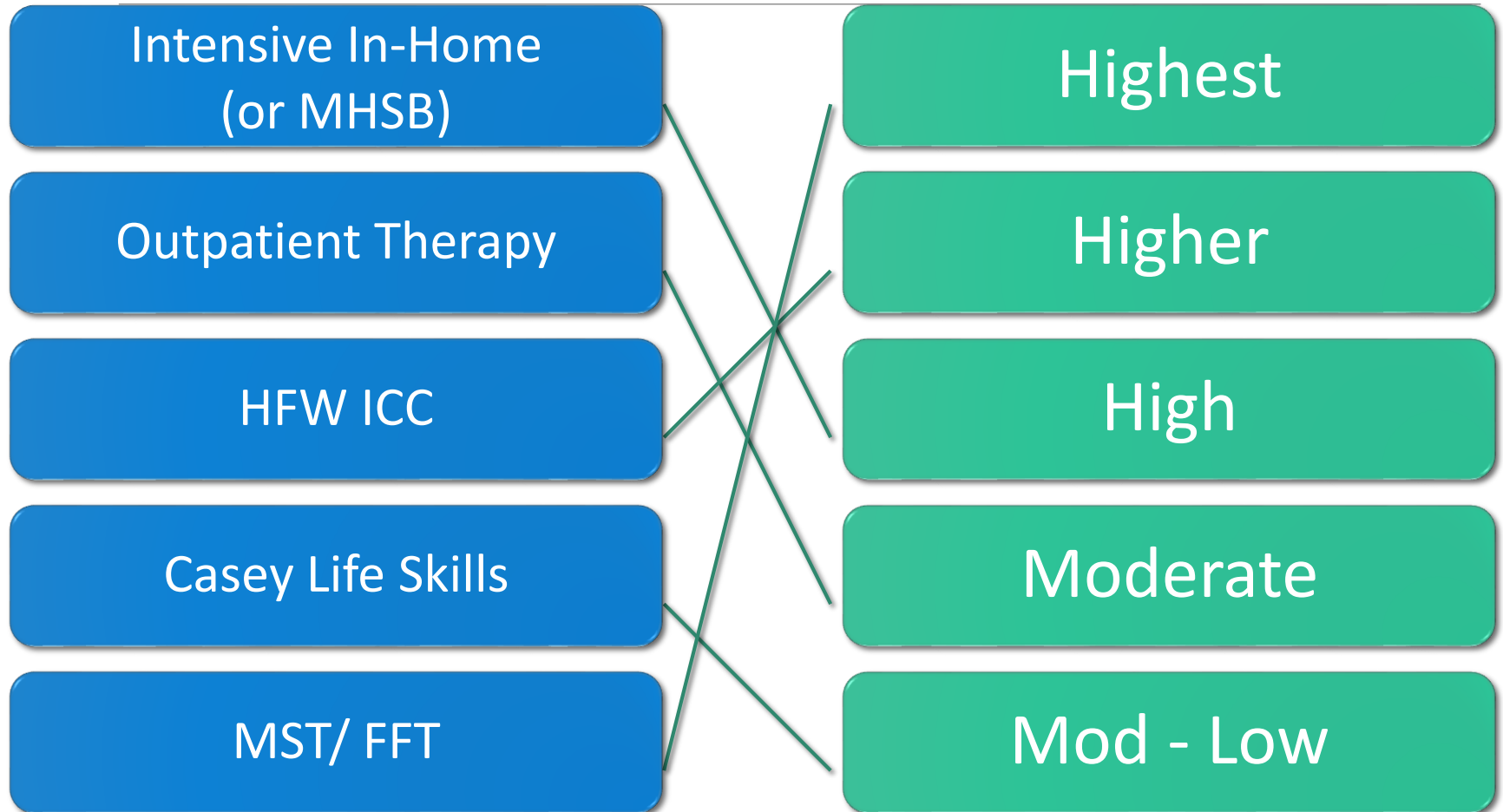
RESPONSIVITY PRINCIPLE: WHEN TO TARGET?
HOW TO TARGET?

Risk-Need-Responsivity

ACTIVITY

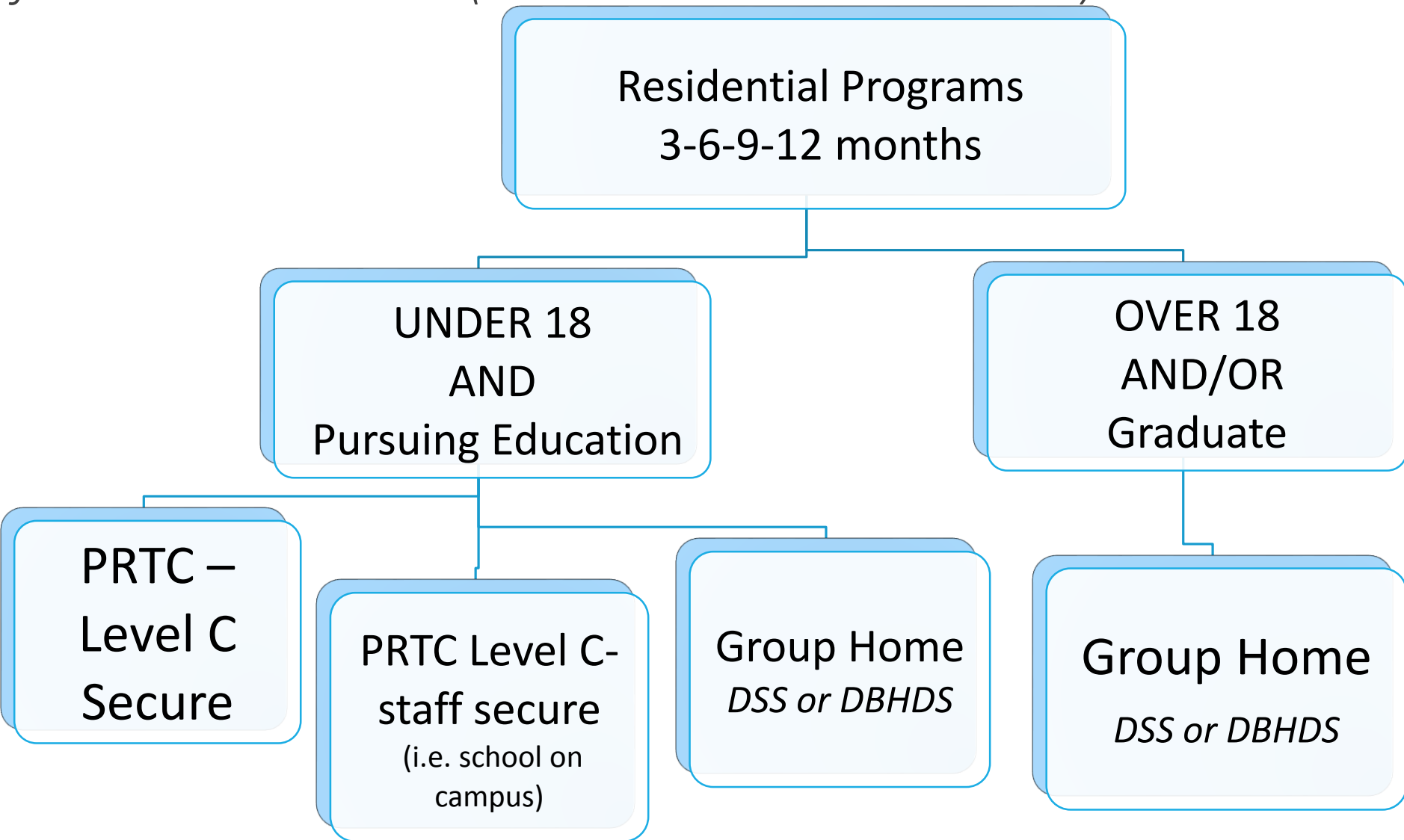


Match the service to level:



Residential Options

for Committed Youth (in addition to CPPs and JCCs)



*Referred exclusively by the CAP unit, as part of the initial staffing process.

Residential Options for Paroled Youth

The goal is for all youth to return home; if that is not an option the following may be utilized.

IL (4 months)

- TYSC Apartment Living Program
- Local IL Apartment Programs (18+ only)
- Youth must have a GED or high school diploma.

Group Homes

- Provides Individualized treatment plans
- IL Skill Development
- Accepts youth with various educational participation: public schools, SPED Services, and college .
- Serves youth ages 12-20.

TFC (coming soon)

- Several TFC agencies have expressed a desire to work with DJJ youth, this will be on a cases by cases basis.
- Barriers: criminal record, sex offender registry, lack of willingness to participate.

MST and FFT work with the families to prevent and/or replace the need for an out-of- home placement

Considerations in making a Quality Referral for Services

RNR

- YASI Risk Level
- Criminogenic need
- Protective Factors
- Address Barriers
- Strength-Based, family-engaged, youth-driven, Treatment planning

AVAILABLE SERVICES

Know the Services
Service Names and Definitions
RSC's Provider Directory
Local community options. (*Medicaid available services, CSB's, sliding scales, HMO options, etc.*)

FUNDING

Utilize Evidence-Based Programs (*quality/ time limited services*)
Explore current funding available (*DMAS, natural supports*)
Best funding streams continue after DJJ funding.
RSC can fill the gap to transition.

Service Matching Matrix (Draft)



Need	Risk to Re-Offend According to the YASI		
	LOW	MODERATE	HIGH
Attitudes / Values / Beliefs	Restorative Justice Conferencing Law Related Education	Restorative Justice Conferencing Thinking for a Change (T4C)	Restorative Justice Conferencing Thinking for a Change (T4C)
Cognitive Skills (e.g. Consequential Thinking, Problem Solving)		Thinking for a Change (T4C) Life Skills Coaching	Thinking for a Change (T4C) Life Skills Coaching
Peer Influence		Structured Skill Building	Structured Skill Building Gang Intervention Services Functional Family Therapy (FFT) Multi-Systemic Therapy (MST)
Alcohol / Drugs	Outpatient Substance Abuse Treatment Family Therapy	Outpatient Substance Abuse Treatment Functional Family Therapy (FFT) Multi-Systemic Therapy (MST)	Outpatient Substance Abuse Treatment Functional Family Therapy (FFT) Multi-Systemic Therapy (MST)

Case Studies

REAL WORLD SCENARIOS

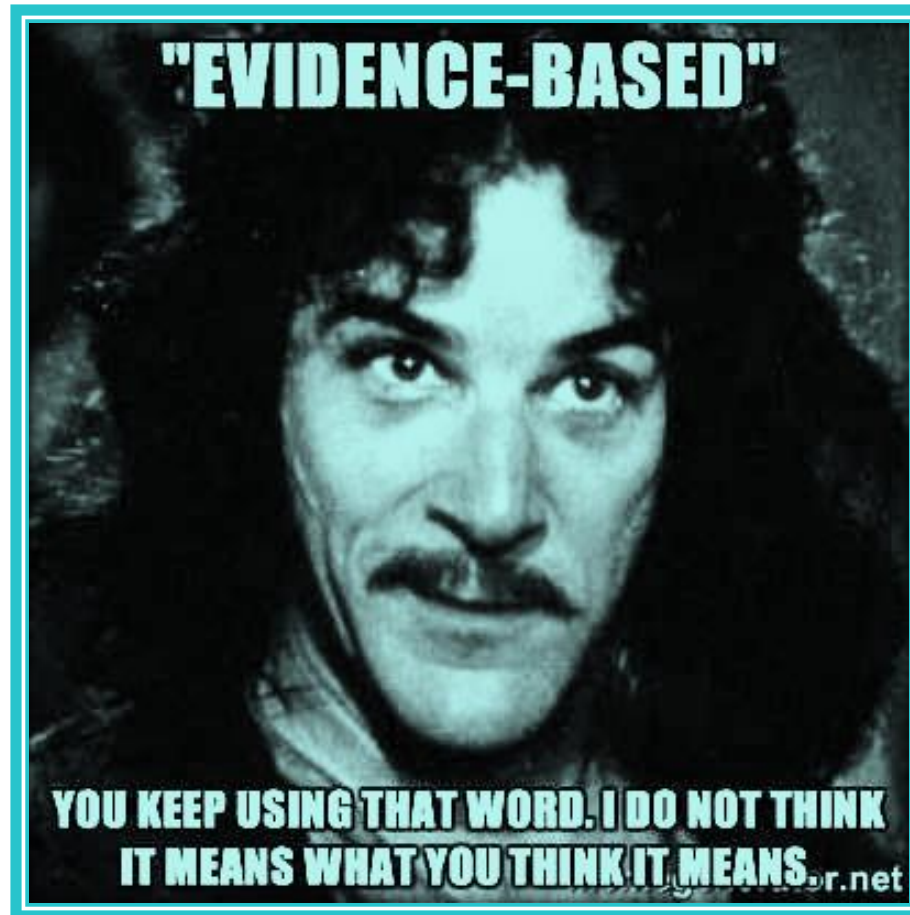
CASE STUDIES...

16 yo white female being released. History of substance use, fighting, failure in school, and stealing. Returning home to live with aunt as biological parents unwilling to allow her in the home. Aunt works two jobs and has 1 child. Youth has never lived in this area

14 yo Hispanic youth being released after serving time for being part of robbery with deadly weapon. Recently diagnosed with low cognitive functioning. History of being highly influenced by peer group and aggressive outbursts. Will be returning home to live with mom and dad.

18 yo African American male being released in 90 days but no identified legal guardian or caregiver. History of robbery, assault, and minor drug use. Has a 2 year old daughter. Goal to pursue nursing certification but no GED.

17 yo mixed female returning home to her father whom she has not lived with for 3 years. History of substance use, running away, and stealing cars. She has two older siblings whom are on probation.



Evidence-Based Practices

And Where to Find Them

Resources

Blueprints www.blueprintsprograms.com

Blueprints for Healthy Youth Development helps you easily identify evidence-based programs that help young people reach their full potential. Get ahead of serious challenges that influence children's success with programs that have the highest standards for promoting prosocial behavior, academic success, emotional well-being, physical health and positive relationships.

Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) <https://www.ojjdp.gov/mpg/>

Model Programs Guide (MPG) contains information about evidence-based juvenile justice and youth prevention, intervention, and reentry programs. It is a resource for practitioners and communities about what works, what is promising, and what does not work in juvenile justice, delinquency prevention, and child protection and safety.

VA Commission on Youth

Collection of Evidence Based Practices <http://vcoy.virginia.gov/collection.asp>

High Fidelity Wrap Intensive Care Coordination (ICC)

Services conducted for court involved youth who are at risk of placement out of the home or already placed out of the home. Services (extend beyond the regular case management provided within the normal scope of responsibilities of the CSU staff) and include: identifying the strengths and needs of the youth/family through conducting comprehensive family-centered assessments; developing plans in the event of crisis situations, identifying specific formal services and informal supports necessary to meet the identified needs of the youth and his family, building upon the identified strengths; implementing, regular monitoring of and making adjustments to the plan to determine whether the services and placement continue to provide the most appropriate and effective services for the youth/family.